

LCしているもので Department of Justice Maligaliqiyikkut Ministère de la Justice

Educational Work Experience Agreement

The following agreement must be filled out and submitted with documentation for approval to the Labour Standards Compliance Office if students are working in a non-government workplace.

A. STUDENT								
Student Name	☐ NEAT Student		Birth date		Age	Gender		
	☐ Student on SIEP		(dd/mm/yy)					
WSCC Go Safe: Work Smart safety education			sfully completed:	:				
\Box certificate (70%) \Box (50%)								
I have read and agree with the description of the work placement.								
I will:								
keep a current Record Book and submit it on a regular basis f								
review by my work supervisor and my school supervisor			Student Signature					
practice the skills, goals and duties established for this work								
placement				D-4	_			
follow the workplace safety procedures, dress requirements		and	Date					
regulations								
inform my employer and the school in advance of any absence.								
B. WORK PLACE – TO BE COMPLETED BY, OR IN CONSULTATION WITH, THE WORKPLACE SUPERVISOR:								
Workplace Supervisor								
Workplace Supervisor		Employer (Company Ivanic		iic)				
Community	Community		Telephone		Fax			
Community		1 elephone		1 ax				
Job Title		Period o	of Agreement					
300 Title		Period of Agreement From To						
Schedule (Days/Hours)								
Schedule (Days/Hours)								
Duties 1.								
Duties 1. 2.								
3.								
I have read and agree with the description of the work placement.								
I will:								
work in cooperation with the school supervisor to establish work								
experience outcomes and provide opportunities for the stude		ent to Workplac		Supervisor Signature				
meet the outcomes			1	1	C			
advise the student on safety procedures, dress requirements and								
regulations		Date						
provide a level of supervision adequate to ensure the safety and		and		2 40	-			
health of the student								
review with the student, complete and sign the student's Record								
Book								
complete the student's Assessment Rubric if required								
contact the school supervisor should any prol	biem arise.							

Labour Standards Compliance Office

Phone: (867) 975-6322 LabourServices@gov.nu.ca

Fax: (867) 975-6367 http://nu-lsco.ca

P.O. Box 1000, Stn. 590 Iqaluit, Nunavut X0A 0H0 Toll Free: 1 877 806 8402 (Nunavut only) C.P. Box 1000, Succursale 590 Iqaluit, Nunavut X0A 0H0



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Ministère de la Justice

C. PARENT OR GUARDIAN CONSENT:							
I have read the above agreement between my son/daughter and the work supervisor and give my							
permission for his or her participation in the work experience education program.							
Permission for me of not barrier and morn embarrence agreement brokening							
Parent / Guardian Signature	Date						
D. SCHOOL:							
School Supervisor	School						
Community	Telephone	Fax					
,							
I have read and agree with the description of the work placement.							
I will:							
work in cooperation with the workplace supervisor to establish the							
work experience outcomes review the workplace safety procedures, dress and regulations with School Supervisor Signature							
the student; complete the New Worker Checklist							
maintain contact with the student, work supervisor and parent or							
guardian	iii oi	Date					
coordinate the student's performance evaluation, complete the							
Assessment Rubric; complete and sign the student's Record Book							
act as a mediator should any problems arise.							

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